

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>					
Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		
Mailing Address PO Box 388			Amount <span style="border: 1px solid black; padding: 2px;">109.95</span>		
City Alexandria		State VA	Zip Code 22313-0388		Transaction ID : EDD5595B5F2AA479D862
Purpose of Expenditure IE-Lee-Online Processing		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">25</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	
Name of Federal Candidate Mike Lee			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">68998.05</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Senate Conservatives Fund</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		
Mailing Address PO Box 388			Amount <span style="border: 1px solid black; padding: 2px;">75.70</span>		
City Alexandria		State VA	Zip Code 22313-0388		Transaction ID : EAA75208A0DF94486A3C
Purpose of Expenditure IE-Lee-Mail Processing		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">04</span> / <span style="border: 1px solid black; padding: 2px;">30</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>	
Name of Federal Candidate Mike Lee			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">69327.35</span>			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">185.65</span>		
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) TOTAL Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>			[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">05</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 6  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00448696       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 30 / 2015</div> </div>	
Mailing Address PO Box 388		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">41.00</div>	
City Alexandria	State VA	Zip Code 22313-0388	<b>Transaction ID : EF1560F5AFDE9411EA9D</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 30 / 2015</div> </div>
Purpose of Expenditure IE-Lee-Mail Processing		Category/ Type	
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">69327.35</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 30 / 2015</div> </div>	
Mailing Address PO Box 388		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">212.60</div>	
City Alexandria	State VA	Zip Code 22313-0388	<b>Transaction ID : E7BC882DD561043F2B5C</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 04 / 30 / 2015</div> </div>
Purpose of Expenditure IE-Lee-Online Processing		Category/ Type	
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">69327.35</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">253.60</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore*
*[Electronically Filed]*

Date

MM / DD / YYYY  
05 / 26 / 2015

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 3 OF 6  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00448696       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 09 / 2015</div> </div>	
Mailing Address PO Box 388		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">296.40</div>	
City Alexandria	State VA	Zip Code 22313-0388	<b>Transaction ID : E07A87EDD893F47599A7</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 09 / 2015</div> </div>
Purpose of Expenditure IE-Lee-Mail Processing		Category/ Type	
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">69678.75</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 09 / 2015</div> </div>	
Mailing Address PO Box 388		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">55.00</div>	
City Alexandria	State VA	Zip Code 22313-0388	<b>Transaction ID : E6DBA3574025B471E946</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY 05 / 09 / 2015</div> </div>
Purpose of Expenditure IE-Lee-Online Processing		Category/ Type	
Name of Federal Candidate Mike Lee		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>UT</u>
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">69678.75</div>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">351.40</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore*
*[Electronically Filed]*

Date

MM / DD / YYYY  
05 / 26 / 2015

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 4 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>U.S. Postal Service</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 12 / 2015</b>	
Mailing Address <b>475 Lenfant Plz SW</b>		Amount <b>400.00</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20260-0004</b>	Transaction ID : <b>E223FBBCFBE604C24A30</b> Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 12 / 2015</b>
Purpose of Expenditure <b>IE-Lee-Postage</b>		Category/Type	
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>
Calendar Year-To-Date Per Election for Office Sought <b>70078.75</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 16 / 2015</b>	
Mailing Address <b>PO Box 388</b>		Amount <b>107.20</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>E3B1C99D6BB7D4908BFF</b> Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 16 / 2015</b>
Purpose of Expenditure <b>IE-Lee-Online Processing</b>		Category/Type	
Name of Federal Candidate <b>Mike Lee</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>
Calendar Year-To-Date Per Election for Office Sought <b>70414.05</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>507.20</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 26 / 2015**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 5 OF 6  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00448696	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 16 / 2015</b>	
Mailing Address <b>PO Box 388</b>		Amount <b>228.10</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>EAF76432EA10546879B3</b>
Purpose of Expenditure <b>IE-Lee-Mail Processing</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 16 / 2015</b>	
Name of Federal Candidate <b>Mike Lee</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>	
Calendar Year-To-Date Per Election for Office Sought <b>70414.05</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>05 / 23 / 2015</b>	
Mailing Address <b>PO Box 388</b>		Amount <b>36.90</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22313-0388</b>	Transaction ID : <b>EDD6F80962176423EB8B</b>
Purpose of Expenditure <b>IE-Lee-Mail Processing</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>05 / 23 / 2015</b>	
Name of Federal Candidate <b>Mike Lee</b>		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>UT</b>	
Calendar Year-To-Date Per Election for Office Sought <b>70488.50</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>265.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paul Kilgore

[Electronically Filed]

Date

MM / DD / YYYY  
**05 / 26 / 2015**

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 6 OF 6  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Senate Conservatives Fund</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00448696       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Senate Conservatives Fund</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 23 / 2015</div> </div>	
Mailing Address PO Box 388		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">37.55</div>	
City Alexandria	State VA		
Purpose of Expenditure IE-Lee-Online Processing	Category/ Type	<b>Transaction ID : EFA4EEB80E14643D19A7</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 23 / 2015</div> </div>	
Name of Federal Candidate Mike Lee		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>UT</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">70488.50</div>			

Full Name of Payee <b>Envision Printers/Marketing</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 26 / 2015</div> </div>	
Mailing Address 2 Riverbend Pkwy		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23103.78</div>	
City Leesburg	State VA		
Purpose of Expenditure IE-Lee-Direct Mail Production	Category/ Type	<b>Transaction ID : E5D47A8A295F74722A0C</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 05 / 26 / 2015</div> </div>	
Name of Federal Candidate Mike Lee		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President District: _____ State: <u>UT</u>	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; display: inline-block;">93592.28</div>			

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">23141.33</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">24704.18</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore*

[Electronically Filed]

Date

MM / DD / YYYY  
05 / 26 / 2015

Signature